

# Political Organization Notice of Section 527 Status

OMB No. 1545-1693

## Part I General Information

1 Name of organization <b>TREASURE COAST FORUM</b>		Employer identification number <b>65 0831837</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>P.O. BOX 142</b>		
City or town, state, and ZIP code <b>Stuart, FL 34995</b>		
3 E-mail address of organization		
Name of custodian of records <b>SKilly E. Rhodes</b>	4b Custodian's address <b>14 E. High Point Rd., Stuart, FL 34996</b>	
Name of contact person <b>H. Dale Hoffa</b>	5b Contact person's address <b>2010 SW Olympic Club Terr Palm City FL 34990</b>	
Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>Tower Bldg., 1111 S. Federal Hwy., Ste 338</b>		
City or town, state, and ZIP code <b>Stuart, FL 34994</b>		

## Part II Purpose

7 Describe the purpose of the organization

**Monthly Television Show, presenting issues and Candidates  
on Adelphia Cable, Live/call-in**

## Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Republican Club of Martin County	Sponsor	<b>P.O. Box 142 Stuart, FL 34995 (attached)</b>

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form 8871 (7-2000)

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**Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)**

9a Name	9b Title	9c Address
Ed Grimpe	President	6483 S.W. Lockerby Hobe Sound, FL.
Jean Rowan	Secretary	1030 Buttonwood Cir Stuart, FL. 34997
Sally E. Rhodes	Treasurer	14 E. High Point Rd., Stuart, FL. 34996
H. SDale Hoffa	Exec. Director	2010 SW Olympiæ Club Terr Palm City, FL. 34990
Darren Steele	Vice President	1900 Kanner Hwy. #2-102 Stuart, FL. 34994
Jon Chicky	Director	5 Knowles Rd., Stuart, FL 344996
Tracy Hanley	Director	915 Hillcrest Ave. Stuart, FL 34994
Chris Moreno	Director	3211 SW Alexander Ct., Palm City, FL 34990
Jim Stack	Director	337 NE Tiare Cir Jensen Beach, FL. 334957

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date

Form 8871 (7-2000)

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

1998

This Form is  
Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For 1998 calendar year, OR tax year beg.

1998, &amp; end.

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- B Check if:
- ☐ Change of address
- ☒ Initial return
- ☐ Final return
- ☐ Amended rtn. (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code  
TREASURE COAST FORUM, INC.

P.O. BOX 142

STUART, FL 34995

D Employer identification number  
65-0831837E Telephone number  
( ) -F Check ☐ if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ►I Type of organization — ☒ Exempt under sec. 501(c)( 4 ) (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Sch. A (Form 990).

J Check ☒ if organization's gross receipts are normally not more than \$25,000. Organization need not file a return with IRS; but if organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1998 gross receipts (add back lines 6b, 6b, and 7b, to line 9) . . . . . \$

If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 30.)

		1	2	3	4	5a	5b	5c	6a	6b	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)																									
	2	Program service revenue including government fees and contracts																									
	3	Membership dues and assessments																									
	4	Investment income																									
	5a	Gross amount from sale of assets other than inventory																									
	5b	Less: cost or other basis and sales expenses																									
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																									
	6	Special events and activities (attach schedule):																									
	6a	a Gross revenue (not including \$ of contributions reported on line 1)																									
	6b	b Less: direct expenses other than fundraising expenses																									
EXPENSES	7a	a Gross sales of inventory, less returns and allowances																									
	7b	b Less: cost of goods sold																									
	7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)																									
	8	Other revenue (describe)																									
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																									
EXPENSES	10	Grants and similar amounts paid (attach schedule)																									
	11	Benefits paid to or for members																									
	12	Salaries, other compensation, and employee benefits																									
	13	Professional fees and other payments to independent contractors																									
	14	Occupancy, rent, utilities, and maintenance																									
	15	Printing, publications, postage, and shipping																									
	16	Other expenses (describe) See Schedule Attached																									
	17	Total expenses (add lines 10 through 16)																									
	NET ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)																								
		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								
20		Other changes in net assets or fund balances (attach explanation)																									
21		Net assets or fund balances at end of year (combine lines 18 through 20)																									
22		Total net assets or fund balances																									

Part II Balance Sheets — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.  
(See Specific Instructions on page 34.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	1,429.
23 Land and buildings	23	
24 Other assets (describe)	24	
25 Total assets	0.	1,429.
26 Total liabilities (describe)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	1,429.

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990-EZ (1998)

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on pg. 34.)

What is the organization's primary exempt purpose? **Promotion of Social Welfare**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

**28 Public Programming Via Broadcasting**

29 (Grants \$) **28a** 10,800.

30 (Grants \$) **29a**

31 Other program services (attach schedule) (Grants \$) **30a**

32 Total program service expenses (add lines 28a through 31a) (Grants \$) **31a**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Inst. on pg. 34.)

(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
Gayle Harrell 1885 SW Eagle Point Stuart Fl	President	0.	0.	0.
Ed Grimpe 6483 SW Lockerby Hobe Sound Fl	Vice Pres.	0.	0.	0.
Jean Rowan 1030 Buttonwood Cir Stuart Fl	Secretary	0.	0.	0.
Sally E. Rhodes 14 E. High Pt. Road Stuart Fl	Treasurer	0.	0.	0.

**Part V Other Information** (See Specific Instructions on page 35.)

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	Yes	No
33 Did organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a Did organization have unrelated busn. gross income of \$1,000 or more or 6033(e) notice, reporting, & proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. — Enter: a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 501(c)(3) organizations. — Enter: Amount of tax imposed during the year under:		
section 4911		
section 4912		
section 4955		
b 501(c)(3) and (4) organizations. — Did organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41 List the states with which a copy of this return is filed.		
42 The books are in care of		
Located at		
Telephone no.		
ZIP + 4		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year		43

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 3-7-99

Type or print name and title. SALLY E RHODES

Paid  
Preparer's  
Use Only  
CAA

Preparer's  
signature

CLIENT'S COPY

Date

03/04/99

Check if self-  
employed

Preparer's SSN

149-58-0091

Firm's name (or yours  
if self-employed)

WILLIAM G. PEMBROKE, CPA, P.A.

EIN 65-0677433

ZIP + 4 34952

8 990EZ12

1922 SE PORT ST. LUCIE BLVD.